

Fracture of humerus (condyles) and radius (head)—resection—arthroplasty.

Ancient T-fracture of humerus—resection of elbow joint—arthroplasty.

Postscarlatinal arthritis of elbow—aspiration and formalin injection.

Tuberculosis of elbow—progress under tuberculin therapy with eventual cure.

Primary synovial tuberculosis of elbow-joint—resection—arthroplasty.

Cicatricial fixation of ulnar nerve from ancient cubitis valgus—release and transference of new site.

Ancient ununited fracture of radius—implantation of bone-graft-splint.

Ancient luxation of metacarpophalangeal joint—operative reduction.

Occult carcinoma of breast with metastases to cervical and mediastinal lymph-nodes, giving pressure signs—non-operative treatment.

Sarcoma of sternum—resection.

Series of 16 illustrations showing certain phases of gall-bladder surgery.

Biliary calculus impacted at ampulla of Vater; contracted gall-bladder—transduodenal choledochotomy; cholecystotomy.

Subperitoneal streptococcic cellulitis—talk on streptococcic infections.

Non-fusion of uterine segments of Mullerian ducts—hysteropexy of aplasic, unfused uterine strands.

Ureteral calculus—lumbar pyelolithotomy.

Sarcoma of ilium.

Ancient fracture of rim of acetabulum with displacement of head of femur.

Luxation of hip-joint.

Ancient bony ankylosis of hip-joint with excessive flexion-deformity.

Extensive trochanteric bursitis.

Bone-infections metastatic to furuncles.

Traumatic intramuscular ossification.

Addendum in re villous synovitis.

Diseases of the Digestive Tract and Their Treatment. By A. Everett Austin, A. M., M. D. 552 pages, with 85 illustrations, including ten color plates. C. V. Mosby Company, St. Louis, 1916. Price \$5.50.

This book sets out with two distinct advantages: it is written by a man who has had a scientific training, who has taught physiological chemistry; and secondly, it is new, it is not a revision in which the author must try to fit new facts into a wornout classification. We were not disappointed in our hope that the author's training would keep him from making so many of those loose statements that mar the average textbook. Those who have followed the record of the A. M. A.-Patten trial must have been impressed with at least one of the dangers of the textbook written (apparently) by a library assistant and signed by the professor.

Another result of the author's training is the inclusion of a good chapter on the physiology of digestion. One of the best features of the book is that so much of the subject matter has been treated in one place—Part I.—under the headings of General Diagnosis, Examination of the Patient, Dietetics and Treatment. It saves much repetition in the text of the next two parts, which deal with special diseases of stomach and intestine.

The book is well illustrated with reproductions of X-ray plates taken by Dr. George. Unfortunately, they are all reversed, which makes them rather trying to one who has become used to seeing the stomach on the right—with the patient facing him.

There are some points upon which we believe the author might be a little more up-to-date. For instance, (p. 38) when he says that it has not yet been determined whether there is antiperistalsis in the human colon, he should mention Case's article in which he says he has seen it definitely, so that

the reader can refer to it personally and decide for himself whether he will believe the evidence or not. He quotes Stiller's objection (p. 20) that the bismuth stretches the stomach out of shape and causes the ptosis, as if it were worthy of serious consideration, and not an interesting chapter in the history of medical "Stand-pat-ism." His statement (p. 49) that there is very little evidence that diseases of the digestive tract are in any way transmitted from parent to child is contradicted by the daily experience of every physician.

Although considerable space has been given to a discredited test like Salomon's, nothing is said about the newer methods of gastric analysis in which samples are taken repeatedly at short intervals. On the whole, however, the author is to be congratulated on having discarded some of the tests that encumber the average textbook. His pictures of stools are unfortunately modeled on Schmidt's work, and some of them do not resemble anything we have seen on land or sea.

We believe the space given to massage is largely wasted. A doctor can be better employed than in rubbing his patient's abdomen at so much per afternoon. For the same reason we object to the space given to electrical treatment. It is refreshing and unusual for the author to admit that "no actual scientific evidence exists for its action on the digestive tract." The man who, when he cannot make a diagnosis, gives the patient electricity for as long as he can hang on to him, is dulling his conscience and losing his soul.

He apparently thinks "nutrient" enemas are nutrient, as he does not mention much evidence recently obtained to the contrary. On page 311 he speaks of starving the patient so that his stomach "may be kept in a state of absolute rest." The author does not seem to have paid much attention to the now extensive literature on hunger contractions.

As usual, there are inconsistencies. In the article on hyperacidity he does well to quote the experimental work which has shown the futility of trying to affect the character of the gastric secretion by diet. Yet on page 386, he says "In arranging a diet, attention must be paid to the character of the gastric secretion"; and on page 331 he gives diet lists for dilatation with anacidity and dilatation with hyperacidity. Incidentally, we doubt if there is such a thing as dilatation and hyperacidity without ulcer or other organic disease.

His ideas on corsets are rather old-fashioned. The modern physician does not rail at them; he prescribes them and sees to it that they are helpful and properly fitted.

We believe he should add on p. 420 that Hormonal is exceedingly dangerous, irrational and now practically abandoned. We assume that the doctor has a wonderful digestion himself or he would not prescribe (p. 386) finnan haddie, salt mackerel, sardines, etc., for patients with gastric atony. On the whole, his diets are commendable and it is a delight to find a man who realizes the necessity for excluding cellulose.

He has freed himself to a considerable extent from the domination of a classification of diseases, but the idea crops out here and there. For instance, overfeeding is advocated for gastric atony but not mentioned for enteroptosis. Such distinctions are ridiculous. It seems surprising that a physiologist and practical internist should apologize as he does (p. 290) for saying a few words on diseases of the gall-bladder. It is a serious omission that they have been given barely half a page.

There are a number of statements made here and there which should be backed up by authorities. A few references have been given, but we believe more would add greatly to the value of the book.

So much for criticism. There are a number of features which deserve special commendation. One of the best of these is the series of short

articles on the different symptoms such as heart-burn, nausea, regurgitation, etc; what do they mean and how do they originate? This chapter deserves rereading. The book, as a whole, is well written, and the author can say as the ancient Egyptians were supposed to do on Judgment Day, "I have not multiplied words without meaning." Particularly praiseworthy is the sanity exhibited in so many places. He has not gone wild over "intestinal stasis"; and does not operate on every man with a dropped colon. He says constipation persists even after the bowel has been stitched up as high as anyone can desire. The article on constipation, beginning on page 406, should be read widely as an antidote to what Progressive Medicine calls "the pseudo-scientific vaporings of Lane and his school."

In many ways the book commends itself to us as one of the sanest and most useful on the subject of gastro-intestinal diseases. W. C. A.

DEPARTMENT OF PHARMACY AND CHEMISTRY.

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(Devoted to the advancement of Pharmacy and its allied branches; to the work of the Council on Pharmacy and Chemistry of the American Medical Association, and to matters of interest bearing upon the therapeutic agents offered to the medical profession. The editor will gladly supply available information on matters coming within the scope of this Department.)

NEW AND NONOFFICIAL REMEDIES.

Since publication of New and Nonofficial Remedies, 1916, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

Standard Radium Solution for Drinking (1 microgram Ra).—Each bottle (60 Cc.) contains radium chloride equivalent to 1 Microgram Ra. and 1.3 mg. of barium chloride. The solution contained in one bottle is taken after each meal. The Radium Chemical Co., Pittsburgh, Pa. (Jour. A. M. A., July 1, 1916, p. 35).

Radium Bromide, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo.

Radium Carbonate, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo.

Radium Chloride, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo.

Radium Sulphate, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo. (Jour. A. M. A., July 8, 1916, p. 121).

Vitalait Starter.—A culture in vials of the *Bacillus bulgaricus* and the *Streptococcus acidilactici* in symbiosis. It is intended for the home preparation of fermented milk. Sufficient to prepare from 1 to 3 quarts of fermented milk is sent on request of the physician to the patient twice a week. The Vitalait Laboratory, Inc., Newton Centre, Mass. (Jour. A. M. A., July 15, 1916, p. 203).

Galactenzyme Tablets.—Tablets containing a practically pure culture of *Bacillus bulgaricus*. For administration in intestinal fermentative diseases. Put up in bottles containing 100 tablets each and bearing an expiration date. The Abbott Laboratories, Chicago.

Galactenzyme Bouillon.—A pure culture in vials of *Bacillus bulgaricus*, each vial containing about 6 Cc. Used internally for intestinal fermentative disorders and topically in nasal, aural, throat, urethral and other affections when the use of such a culture is indicated. Put up in packages of 12 vials each. The Abbott Laboratories, Chicago.

Ampules Mercuric Salicylate-Squibb, 0.065.—Each ampule contains 0.065 Gm. mercuric salicylate, N. N. R., in 1 Cc. of sterile suspension. E. R. Squibb & Sons, New York.

Ampules Quinine Dihydrochloride-Squibb, 1 Gm.—Each ampule contains 1 Gm. quinine dihydrochloride, N. N. R., in 2 Cc. of sterile solution. E. R. Squibb & Sons, New York.

Ampules Quinine Dihydrochloride-Squibb, 0.5 Gm.—Each ampule contains 0.5 Gm. quinine dihydrochloride, N. N. R., in 2 Cc. of sterile solution. E. R. Squibb & Sons, New York.

Ampules Quinine Dihydrochloride-Squibb, 0.25 Gm.—Each ampule contains 0.25 Gm. quinine dihydrochloride, N. N. R., in 2 Cc. of sterile solution. E. R. Squibb & Sons, New York.

Ampules Quinine and Urea Hydrochloride-Squibb, 1 Gm.—Each ampule contains 1 Gm. quinine and urea hydrochloride, N. N. R., in 2 Cc. of sterile solution. E. R. Squibb & Sons, New York.

Ampules Quinine and Urea Hydrochloride-Squibb, 0.5 Gm.—Each ampule contains 0.5 Gm. quinine and urea hydrochloride, N. N. R., in 2 Cc. of sterile solution. E. R. Squibb & Sons, New York.

Ampules Quinine and Urea Hydrochloride-Squibb, 0.25 Gm.—Each ampule contains 0.25 Gm. quinine and urea hydrochloride, N. N. R., in 2 Cc. of sterile solution. E. R. Squibb & Sons, New York.

Ampules Quinine and Urea Hydrochloride-Squibb, 1 per cent.—Each ampule contains 5 Cc. of a sterile 1 per cent. solution of quinine and urea hydrochloride, N. N. R. E. R. Squibb & Sons, New York.

Ampules Sodium Cacodylate-Squibb, 0.13 Gm.—Each ampule contains 0.13 Gm. sodium cacodylate, N. N. R. E. R. Squibb & Sons, New York.

Ampules Sodium Cacodylate-Squibb, 0.05 Gm.—Each ampule contains 0.05 Gm. sodium cacodylate, N. N. R. E. R. Squibb & Sons, New York (Jour. A. M. A., Aug. 5, 1916, p. 437).

Arbutin-Abbott.—A non-proprietary brand complying with the standards for Arbutin, N. N. R. The Abbott Laboratories, Chicago (Jour. A. M. A., Aug. 19, 1916, p. 586).

Ampules Mercury Iodide (Red), 1 per cent. in Oil-Squibb.—Each ampule contains 1 Cc. of a solution of red mercuric iodide and anesthesin, each 0.01 Gm., in a neutral fatty oil. E. R. Squibb & Sons, New York (Jour. A. M. A., Aug. 19, 1916, p. 586).

Fibrin Ferments and Thromboplastic Substances (Kephalin).—The clotting of blood has been shown to be due to the action of the fibrin ferment on the fibrinogen of the blood. The fibrin ferment (thrombin) exists in the blood in the form of prothrombin which is converted into thrombin by the action of calcium and thromboplastic substance (thromboplastin). Kephalin, prepared from the brain, has the properties of thromboplastin. Preparations containing thromboplastin are said to be useful, when applied locally, in the treatment of hemorrhages, especially hemorrhages from oozing surfaces, scar tissue and nosebleeds. The intravenous use of thromboplastin in certain conditions has also been proposed.

Brain Lipoid.—Impure Kephalin.—This is an ether extract of the brain of the ox, or other mammal, prepared according to the method of Howell and Hirschfelder. It has the properties of thromboplastic substance described above. It may be applied direct to the tissues or on sponges